

## DECLARATION - Utility or Design Patent Application

Direct all correspondence to: [ ] Customer Number or Bar Code Label [ ] or [X] Correspondence address below

Name: **MICHAEL P. DILWORTH**

Address: **CROMPTON CORPORATION**

City: **BENSON ROAD, MIDDLEBURY,**

State: **CONNECTICUT**

Zip: **06749**

Country: **United States of America**

Telephone: **203-573-3313**

Fax: **203-573-2261**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

|   |  |  |                         |                            |
|---|--|--|-------------------------|----------------------------|
| NAME OF SOLE OR FIRST INVENTOR:   |  | [ ] A petition has been filed for this unsigned inventor |                         |                            |
| Given Name<br>(first and middle [if any]) <u>Jens</u>   |  | Family Name<br>or Surname <b>RÖDER</b>                   |                         |                            |
| Inventor=s Signature: <u>Jens Röder</u>   |  | Date: <u>February 27, 2005</u>                           |                         |                            |
| Street: <u>Schloßstrasse 37</u>   |  | <u>DW</u>  | Country: <b>GERMANY</b> | Citizenship: <b>GERMAN</b> |
| Mailing Address:  |  |  |                         |                            |
| City: <u>Frankfurt/Main</u>   |  | State  | Zip 60486               |                            |
| NAME OF SECOND INVENTOR:  |  | [ ] A petition has been filed for this unsigned inventor |                         |                            |
| Given Name<br>(first and middle [if any]) <u>Andrea</u>   |  | Family Name<br>or Surname <b>KAPRIES</b>                 |                         |                            |
| Inventor=s Signature: <u>Andrea Kapries</u>   |  | Date: <u>February 27, 2005</u>                           |                         |                            |
| Street: <u>Schüttwall 33</u>  |  | <u>DW</u>  | Country: <b>GERMANY</b> | Citizenship: <b>GERMAN</b> |
| Mailing Address:  |  |  |                         |                            |
| City: <u>Herbern</u>  |  | State  | Zip 59387               |                            |
| NAME OF THIRD INVENTOR:   |  | [ ] A petition has been filed for this unsigned inventor |                         |                            |
| Given Name<br>(first and middle [if any]) <u>Liane</u>  |  | Family Name<br>or Surname <b>FRANKE</b>                  |                         |                            |
| Inventor=s Signature: <u>Liane Franke</u>   |  | Date: <u>February 27, 2005</u>                           |                         |                            |
| Street: <u>Westpreußenstrasse 14b</u>   |  | <u>DW</u>  | Country: <b>GERMANY</b> | Citizenship: <b>GERMAN</b> |
| Mailing Address:  |  |  |                         |                            |
| City: <u>Datteln</u>  |  | State  | Zip 45711               |                            |
| [ ] Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto |  |  |                         |                            |

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**Name:** MICHAEL P. DILWORTH

**Address:** CROMPTON CORPORATION

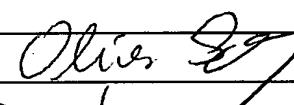
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|--------------------------------|--------------------|------------|
| City: BENSON ROAD, MIDDLEBURY, | State: CONNECTICUT | Zip: 06749 |
|--------------------------------|--------------------|------------|

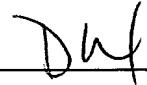
|                                   |                         |                   |
|-----------------------------------|-------------------------|-------------------|
| Country: United States of America | Telephone: 203-573-3313 | Fax: 203-573-2261 |
|-----------------------------------|-------------------------|-------------------|

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|                                 |  |  |  |
|---------------------------------|--|--|--|
| <b>NAME OF FOURTH INVENTOR:</b> | [ ] A petition has been filed for this unsigned inventor |  |  |
|---------------------------------|--|--|--|

|   |                                      |  |  |
|---|--------------------------------------|--|--|
| Given Name<br>(first and middle [if any]) | Family Name<br>or Surname SCHUMACHER |  |  |
|---|--------------------------------------|--|--|

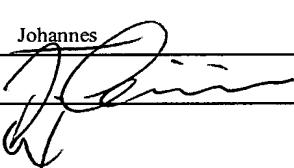
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| Inventor=s Signature:  | Date: February 27, 2005 |  |  |
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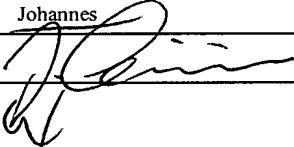
|  |  |                  |                     |
|--|--|------------------|---------------------|
| Street: St-Johannes 52  |  | Country: GERMANY | Citizenship: GERMAN |
|--|--|------------------|---------------------|

Mailing Address:

|             |       |           |  |
|-------------|-------|-----------|--|
| City: Werne | State | Zip 59368 |  |
|-------------|-------|-----------|--|

|                                |  |  |  |
|--------------------------------|--|--|--|
| <b>NAME OF FIFTH INVENTOR:</b> | [ ] A petition has been filed for this unsigned inventor |  |  |
|--------------------------------|--|--|--|

|  |                                    |  |  |
|--|------------------------------------|--|--|
| Given Name<br>(first and middle [if any]) Johannes  | Family Name<br>or Surname CANISIUS |  |  |
|--|------------------------------------|--|--|

|   |                         |  |  |
|---|-------------------------|--|--|
| Inventor=s Signature:  | Date: February 27, 2005 |  |  |
|---|-------------------------|--|--|

|  |  |                  |                     |
|--|--|------------------|---------------------|
| Street: Am Hain 24  |  | Country: GERMANY | Citizenship: GERMAN |
|--|--|------------------|---------------------|

Mailing Address:

|              |       |           |  |
|--------------|-------|-----------|--|
| City: Bochum | State | Zip 44787 |  |
|--------------|-------|-----------|--|

|                                |  |  |  |
|--------------------------------|--|--|--|
| <b>NAME OF SIXTH INVENTOR:</b> | [ ] A petition has been filed for this unsigned inventor |  |  |
|--------------------------------|--|--|--|

|   |                           |  |  |
|---|---------------------------|--|--|
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|---|---------------------------|--|--|

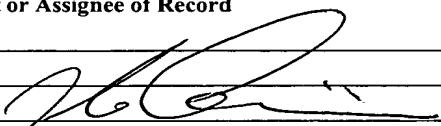
|                       |       |  |  |
|-----------------------|-------|--|--|
| Inventor=s Signature: | Date: |  |  |
|-----------------------|-------|--|--|

|         |  |                  |                     |
|---------|--|------------------|---------------------|
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|---------|--|------------------|---------------------|

Mailing Address:

|       |       |     |  |
|-------|-------|-----|--|
| City: | State | Zip |  |
|-------|-------|-----|--|

[ ] Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

| <b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>   | Application Number   |   |              |                     |                     |        |                   |        |                    |        |
|--|--|---|--------------|---------------------|---------------------|--------|-------------------|--------|--------------------|--------|
|  | Filing Date:   |   |              |                     |                     |        |                   |        |                    |        |
|  | First Named Inventor:  | <b>RÖDER et al.</b>   |              |                     |                     |        |                   |        |                    |        |
|  | Title:   | Stabilizer System for Stabilizing Halogen-Containing Polymers |              |                     |                     |        |                   |        |                    |        |
|  | Group Art Unit:  |   |              |                     |                     |        |                   |        |                    |        |
|  | Examiner Name:   |   |              |                     |                     |        |                   |        |                    |        |
|  | Attorney Docket Number:  | <b>BE60146</b>  |              |                     |                     |        |                   |        |                    |        |
| <p>I hereby appoint:</p> <p>[ ] Practitioners at Customer Number [ ] → [Place Customer Number Bar Code Label here]</p> <p>OR</p> <p>[X] Practitioner(s) named below:</p>   |  |   |              |                     |                     |        |                   |        |                    |        |
| <table border="1"> <thead> <tr> <th>NAME</th> <th>REGISTRATION NUMBER</th> </tr> </thead> <tbody> <tr> <td>Michael P. Dilworth</td> <td>37,311</td> </tr> <tr> <td>Daniel Reitenbach</td> <td>30,970</td> </tr> <tr> <td>Kenneth D. Tremain</td> <td>20,518</td> </tr> </tbody> </table> |  |   | NAME         | REGISTRATION NUMBER | Michael P. Dilworth | 37,311 | Daniel Reitenbach | 30,970 | Kenneth D. Tremain | 20,518 |
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| Michael P. Dilworth  | 37,311   |   |              |                     |                     |        |                   |        |                    |        |
| Daniel Reitenbach  | 30,970   |   |              |                     |                     |        |                   |        |                    |        |
| Kenneth D. Tremain   | 20,518   |   |              |                     |                     |        |                   |        |                    |        |
| <p>As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p>   |  |   |              |                     |                     |        |                   |        |                    |        |
| <p>Please change the correspondence address for the above-identified application to: [ ] The above-mentioned Customer Number</p> <p>OR</p> <p>[ ] Practitioners at Customer Number [ ] → [Place Customer Number Bar Code Label here]</p> <p>OR</p>                                       |  |   |              |                     |                     |        |                   |        |                    |        |
| [X] Firm or Individual Name:   | CROMPTON CORPORATION   |   |              |                     |                     |        |                   |        |                    |        |
| Address:   | Benson Road  |   |              |                     |                     |        |                   |        |                    |        |
| Address:   | Middlebury   | State   | CT           | Zip: 06749          |                     |        |                   |        |                    |        |
| Country:   | United States of America   |   |              |                     |                     |        |                   |        |                    |        |
| Telephone:   | 203-573-3313   | Fax:  | 203-573-2261 |                     |                     |        |                   |        |                    |        |
| <p>I am the:</p> <p>[X] Applicant/Inventor.</p> <p>[ ] Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.<br/>(Form PTO/SB/96)</p>  |  |   |              |                     |                     |        |                   |        |                    |        |
| <b>SIGNATURE of Applicant or Assignee of Record</b>  |  |   |              |                     |                     |        |                   |        |                    |        |
| Name:  | <b>Johannes Canisius</b>   |   |              |                     |                     |        |                   |        |                    |        |
| Signature:   |  |   |              |                     |                     |        |                   |        |                    |        |
| Date:  | February 21, 2005  |   |              |                     |                     |        |                   |        |                    |        |
| <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>  |  |   |              |                     |                     |        |                   |        |                    |        |
| <p>[X]* Total of four (4) forms are submitted.</p>   |  |   |              |                     |                     |        |                   |        |                    |        |

| <b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>  | Application Number   |   |                              |                      |                     |        |                   |             |                    |        |          |            |       |               |          |                          |  |  |            |              |      |              |
|---|--|---|------------------------------|----------------------|---------------------|--------|-------------------|-------------|--------------------|--------|----------|------------|-------|---------------|----------|--------------------------|--|--|------------|--------------|------|--------------|
|   | Filing Date:   |   |                              |                      |                     |        |                   |             |                    |        |          |            |       |               |          |                          |  |  |            |              |      |              |
|   | First Named Inventor:  | <b>RÖDER et al.</b>   |                              |                      |                     |        |                   |             |                    |        |          |            |       |               |          |                          |  |  |            |              |      |              |
|   | Title:   | Stabilizer System for Stabilizing Halogen-Containing Polymers |                              |                      |                     |        |                   |             |                    |        |          |            |       |               |          |                          |  |  |            |              |      |              |
|   | Group Art Unit:  |   |                              |                      |                     |        |                   |             |                    |        |          |            |       |               |          |                          |  |  |            |              |      |              |
|   | Examiner Name:   |   |                              |                      |                     |        |                   |             |                    |        |          |            |       |               |          |                          |  |  |            |              |      |              |
|   | Attorney Docket Number:  | <b>BE60146</b>  |                              |                      |                     |        |                   |             |                    |        |          |            |       |               |          |                          |  |  |            |              |      |              |
| <p>I hereby appoint:</p> <p>[ ] Practitioners at Customer Number [ ] → [Place Customer Number Bar Code Label here]</p> <p>OR</p> <p>[X] Practitioner(s) named below:</p>  |  |   |                              |                      |                     |        |                   |             |                    |        |          |            |       |               |          |                          |  |  |            |              |      |              |
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| <p>As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p>  |  |   |                              |                      |                     |        |                   |             |                    |        |          |            |       |               |          |                          |  |  |            |              |      |              |
| <p>Please change the correspondence address for the above-identified application to: [ ] The above-mentioned Customer Number</p> <p>OR</p> <p>[ ] Practitioners at Customer Number [ ] → [Place Customer Number Bar Code Label here]</p> <p>OR</p>  |  |   |                              |                      |                     |        |                   |             |                    |        |          |            |       |               |          |                          |  |  |            |              |      |              |
| <table border="1"> <tr> <td>[X] Firm or Individual Name:</td> <td colspan="3">CROMPTON CORPORATION</td> </tr> <tr> <td>Address:</td> <td colspan="3">Benson Road</td> </tr> <tr> <td>Address:</td> <td>Middlebury</td> <td>State</td> <td>CT Zip: 06749</td> </tr> <tr> <td>Country:</td> <td colspan="3">United States of America</td> </tr> <tr> <td>Telephone:</td> <td>203-573-3313</td> <td>Fax:</td> <td>203-573-2261</td> </tr> </table> |  |   | [X] Firm or Individual Name: | CROMPTON CORPORATION |                     |        | Address:          | Benson Road |                    |        | Address: | Middlebury | State | CT Zip: 06749 | Country: | United States of America |  |  | Telephone: | 203-573-3313 | Fax: | 203-573-2261 |
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| <p>I am the:</p> <p>[X] Applicant/Inventor.</p> <p>[ ] Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.<br/>(Form PTO/SB/96)</p>   |  |   |                              |                      |                     |        |                   |             |                    |        |          |            |       |               |          |                          |  |  |            |              |      |              |
| <p align="center"><b>SIGNATURE of Applicant or Assignee of Record</b></p>   |  |   |                              |                      |                     |        |                   |             |                    |        |          |            |       |               |          |                          |  |  |            |              |      |              |
| Name:   | Jens Röder   |   |                              |                      |                     |        |                   |             |                    |        |          |            |       |               |          |                          |  |  |            |              |      |              |
| Signature:  |  |   |                              |                      |                     |        |                   |             |                    |        |          |            |       |               |          |                          |  |  |            |              |      |              |
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**POWER OF  
ATTORNEY OR  
AUTHORIZATION  
OF AGENT**

|                         |   |
|-------------------------|---|
| Application Number      |   |
| Filing Date:            |   |
| First Named Inventor:   | <b>RÖDER et al.</b>   |
| Title:                  | Stabilizer System for Stabilizing Halogen-Containing Polymers |
| Group Art Unit:         |   |
| Examiner Name:          |   |
| Attorney Docket Number: | <b>BE60146</b>  |

I hereby appoint:

[ ] Practitioners at Customer Number [ ] → [Place Customer Number Bar Code Label here]

OR

[X] Practitioner(s) named below:

| NAME                | REGISTRATION NUMBER |
|---------------------|---------------------|
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| Daniel Reitenbach   | 30,970              |
| Kenneth D. Tremain  | 20,518              |

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OR

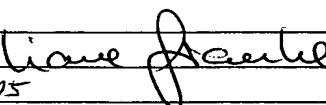
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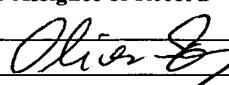
**SIGNATURE of Applicant or Assignee of Record**

|            |  |
|------------|--|
| Name:      | <b>Liane Franke</b>  |
| Signature: |  |
| Date:      | February 27, 2005  |

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|  | Group Art Unit:          |   |              |                     |                     |        |                   |        |                    |        |
|  | Examiner Name:           |   |              |                     |                     |        |                   |        |                    |        |
|  | Attorney Docket Number:  | <b>BE60146</b>  |              |                     |                     |        |                   |        |                    |        |
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| <input checked="" type="checkbox"/> Firm or Individual Name:<br><b>CROMPTON CORPORATION</b>  |                          |   |              |                     |                     |        |                   |        |                    |        |
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| Address:   | Middlebury               | State   | CT           | Zip: 06749          |                     |        |                   |        |                    |        |
| Country:   | United States of America |   |              |                     |                     |        |                   |        |                    |        |
| Telephone:   | 203-573-3313             | Fax:  | 203-573-2261 |                     |                     |        |                   |        |                    |        |
| <p>I am the:</p> <p>[X] Applicant/Inventor.</p> <p>[ ] Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.<br/>(Form PTO/SB/96)</p>  |                          |   |              |                     |                     |        |                   |        |                    |        |
| <b>SIGNATURE of Applicant or Assignee of Record</b>  |                          |   |              |                     |                     |        |                   |        |                    |        |
| Name:  | <b>Andrea Kapries</b>    |   |              |                     |                     |        |                   |        |                    |        |
| Signature:   | <i>Andrea Kapries</i>    |   |              |                     |                     |        |                   |        |                    |        |
| Date:  | <i>February 27, 2005</i> |   |              |                     |                     |        |                   |        |                    |        |
| <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>  |                          |   |              |                     |                     |        |                   |        |                    |        |
| <p>[X]* Total of four (4) forms are submitted.</p>   |                          |   |              |                     |                     |        |                   |        |                    |        |

|  |                          |   |  |            |
|--|--------------------------|---|--|------------|
| <b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>   | Application Number       |   |  |            |
|  | Filing Date:             |   |  |            |
|  | First Named Inventor:    | <b>RÖDER et al.</b>   |  |            |
|  | Title:                   | Stabilizer System for Stabilizing Halogen-Containing Polymers |  |            |
|  | Group Art Unit:          |   |  |            |
|  | Examiner Name:           |   |  |            |
|  | Attorney Docket Number:  | <b>BE60146</b>  |  |            |
| I hereby appoint:  |                          |   |  |            |
| [ ] Practitioners at Customer Number [ ] → [Place Customer Number Bar Code Label here]   |                          |   |  |            |
| OR   |                          |   |  |            |
| [X] Practitioner(s) named below:   |                          |   |  |            |
| NAME   |                          | REGISTRATION NUMBER   |  |            |
| Michael P. Dilworth  |                          | 37,311  |  |            |
| Daniel Reitenbach  |                          | 30,970  |  |            |
| Kenneth D. Tremain   |                          | 20,518  |  |            |
| As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.                    |                          |   |  |            |
| Please change the correspondence address for the above-identified application to: [ ] The above-mentioned Customer Number  |                          |   |  |            |
| OR   |                          |   |  |            |
| [ ] Practitioners at Customer Number [ ] → [Place Customer Number Bar Code Label here]   |                          |   |  |            |
| OR   |                          |   |  |            |
| [X] Firm or Individual Name:   | CROMPTON CORPORATION     |   |  |            |
| Address:   | Benson Road              |   |  |            |
| Address:   | Middlebury               | State   | CT   | Zip: 06749 |
| Country:   | United States of America |   |  |            |
| Telephone:   | 203-573-3313             | Fax:  | 203-573-2261   |            |
| I am the:  |                          |   |  |            |
| [X] Applicant/Inventor.  |                          |   |  |            |
| [ ] Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.<br>(Form PTO/SB/96)  |                          |   |  |            |
| SIGNATURE of Applicant or Assignee of Record   |                          |   |  |            |
| Name:  | Oliver Schumacher        |   |  |            |
| Signature:   |                          |   |  |            |
| Date:  | February 27, 2005        |   |  |            |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. |                          |   |  |            |
| [X]* Total of four (4) forms are submitted.  |                          |   |  |            |

| <b>DECLARATION FOR<br/>UTILITY OR DESIGN<br/>PATENT APPLICATION<br/>(37 CFR 1.63)</b>  |                |  |                          |  |                                     |         |                     |                      |   |                                |                |  |                          |  |
|--|----------------|--|--------------------------|--|-------------------------------------|---------|---------------------|----------------------|---|--------------------------------|----------------|--|--------------------------|--|
| <input checked="" type="checkbox"/> Declaration Submitted With initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (27 CFR 1.16(e)) required   |                | <b>COMPLETE IF KNOWN</b>               |                          |  |                                     |         |                     |                      |   |                                |                |  |                          |  |
|  |                | Application Number:                    |                          |  |                                     |         |                     |                      |   |                                |                |  |                          |  |
|  |                | Filing Date:                           |                          |  |                                     |         |                     |                      |   |                                |                |  |                          |  |
|  |                | Art Unit:                              |                          |  |                                     |         |                     |                      |   |                                |                |  |                          |  |
|  |                | Examiner Name:                         |                          |  |                                     |         |                     |                      |   |                                |                |  |                          |  |
| <p><b>As the below named inventor, I hereby declare that:</b></p> <p>My residence, mailing address, and citizenship are stated below next to my name.</p> <p>I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <p style="text-align: center;"><b>Catalytic composition of organotin compounds<br/>(Title of the Invention)</b></p> <p>the specification of which<br/> <input checked="" type="checkbox"/> is attached hereto,</p> <p><b>OR</b></p> <p>[ ] was filed on (MM/DD/Y [ ]) as United States Application Number or PCT International Application No. [ ]<br/>         And was amended on [ ] (if applicable).</p> <p>I hereby state that I have reviewed and understood the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.</p> <p>I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor=s or plant breeder=s rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor=s or plant breeder=s rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">Prior Foreign Application Number(s)</th> <th style="width: 20%;">Country</th> <th style="width: 20%;">Foreign Filing Date</th> <th style="width: 20%;">Priority Not Claimed</th> <th style="width: 20%;">Certified Copy Attached?<br/>YES      NO</th> </tr> </thead> <tbody> <tr> <td>102 56 084.6<br/>PCT/EP03/13221</td> <td>Germany<br/>PCT</td> <td>November 29, 2002<br/>November 25, 2003</td> <td>[ ]<br/>[ ]<br/>[ ]<br/>[ ]</td> <td>[ ]      [X]<br/>[ ]      [ ]<br/>[ ]      [ ]<br/>[ ]      [ ]</td> </tr> </tbody> </table> <p>[ ] Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:</p> |                |  |                          |  | Prior Foreign Application Number(s) | Country | Foreign Filing Date | Priority Not Claimed | Certified Copy Attached?<br>YES      NO | 102 56 084.6<br>PCT/EP03/13221 | Germany<br>PCT | November 29, 2002<br>November 25, 2003 | [ ]<br>[ ]<br>[ ]<br>[ ] | [ ]      [X]<br>[ ]      [ ]<br>[ ]      [ ]<br>[ ]      [ ] |
| Prior Foreign Application Number(s)  | Country        | Foreign Filing Date                    | Priority Not Claimed     | Certified Copy Attached?<br>YES      NO                      |                                     |         |                     |                      |   |                                |                |  |                          |  |
| 102 56 084.6<br>PCT/EP03/13221   | Germany<br>PCT | November 29, 2002<br>November 25, 2003 | [ ]<br>[ ]<br>[ ]<br>[ ] | [ ]      [X]<br>[ ]      [ ]<br>[ ]      [ ]<br>[ ]      [ ] |                                     |         |                     |                      |   |                                |                |  |                          |  |